

FILED JUN 5 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17130
STATE FILE NUMBER
2342

Registration District No. 149 Primary Registration District No. 1002 Registrar's No.

1. PLACE OF DEATH a. COUNTY Jackson			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City			c. CITY OR TOWN Hickman Mills, 7000		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Joseph Hosp.			d. STREET ADDRESS 11411 Greenwood Rd.		
3. NAME OF DECEASED (Type or print) First Middle Last John Richard Hower			4. DATE OF DEATH Month Day Year May -21, 1957		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Aug. 9, 1947	9. AGE (In years last birthday) 9	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Schoolboy		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) St. Joseph, Mo.		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Oral G. Hower		13b. MOTHER'S MAIDEN NAME Margery Wackernagle		14. NAME OF HUSBAND OR WIFE Never married	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None	17. INFORMANT Address Mrs. Mable Wackernagle, Savannah, Mo.		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Fractured Skull multiple fractures</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <i>fractures</i> DUE TO (c) <i>fractures</i> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					INTERVAL BETWEEN ONSET AND DEATH e9349 4/10
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <i>Drowned in Tornado</i>			
20c. TIME OF INJURY Hour Month Day Year 7:30 p.m. 5 20 57		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <i>Hickman Mills</i>			
20e. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input checked="" type="checkbox"/> AT WORK		20f. CITY, TOWN, OR LOCATION COUNTY STATE <i>Hickman Mills Jackson Mo</i>			
21. I attended the deceased from _____, to _____ and last saw him alive on _____ Death occurred at 12:55 a.m. on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <i>Hugh H. Owens</i>		22b. ADDRESS 3 1034 Plato Bldg		22c. DATE SIGNED 5-21-57	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 5-21-57		23c. NAME OF CEMETERY OR CREMATORY Savannah Cemetery	
23d. LOCATION (City, town, or county) Savannah, Mo.		23e. DATE RECD. BY LOCAL REG. 5-21-57			
24. FUNERAL DIRECTOR QUIRK & TOBIN-20 W. Linwood, K.C. Mo.		25. REGISTRAR'S SIGNATURE <i>Preva Marshall</i>			

JUN 5 1957



STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed *Forrest D. Coldenow*

Licensed Embalmer No. *4714*

P. O. Address *K.P. W.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting. - -
If this body is not embalmed, fact should be so stated above.